

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 91282471 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		1				
5		2				
6		2				
7		2				
8	1					
9	1					
10		2				
11		2				
12		2				
13		2				
14		1				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	19	↓	↓	↓		
TOTAL CLAIMS	23	↓	↓	↓		

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL CLAIMS								